

Division of the State Fire Marshal  
118 Parade Street  
Providence, RI 02909  
Phone: 401-462-4200 Fax: 401-462-4250



Permit # \_\_\_\_\_

**BLASTING PERMIT**  
**PROJECT**

**LOCATION OF BLASTING:** (be specific)

**Street:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**DESCRIBE PROJECT:** (include estimated time when project will end) \_\_\_\_\_

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**Owner of property where blasting is to occur:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Street of Owner:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**Please answer the following questions:**

Number of anticipated shots per week: \_\_\_\_\_

Type of explosive to be used: \_\_\_\_\_

Will delays be used? \_\_\_\_\_

Attach example of notification form used to notify neighbors.

## BLASTING PERMIT REQUEST (cont)

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**Instructions:** Please fill out form and fax or hand deliver to State Fire Marshal's Office. A representative from the office will notify you when the permit has been approved. Please use the bottom of this page for any additional information such as diagrams, etc. **Fax # 401-294-1171**

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Estimated Job Cost: \$\_\_\_\_\_ Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Permit Expires: \_\_\_\_\_

**Rhode Island State Fire Marshal**

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(Notification)

Copy received by Clerk: \_\_\_\_\_ City/Town: \_\_\_\_\_ Date: \_\_\_\_\_

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